

# ARKANSAS INSURANCE DEPARTMENT

1200 WEST THIRD STREET

LITTLE ROCK, ARKANSAS 72201

PHONE NUMBER 501-371-2750

## Uniform Application for Business Entity Resident License/Registration

(Please Print or Type)

① Business Entity Name		② Incorporation/Formation Date (month) ___(day) ___(year) ____		③ FEIN -	
④ If assigned, National Producer Number (NP#)			⑤ If applicable, NASD Firm Central Registration Depository (CRD) Number		
⑥ List any name under which you are doing business		⑦ State of Domicile		⑧ Country of Domicile	
⑨ Is the business entity affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>					
⑩ Business Address		⑪ City		⑫ State	⑬ Zip or Foreign Country
⑭ Phone Number ( ) -		⑮ Fax Number ( ) -		⑯ Business Web Site Address	
⑰ Business E-Mail Address					
⑱ Mailing Address		⑲ P.O. Box		⑳ City	㉑ State
				㉒ Zip or Foreign Country	

㉓ List all producers (agent's and brokers) who will be working for the agency.

Name _____	SSN _____	-	-
Name _____	SSN _____	-	-
Name _____	SSN _____	-	-
Name _____	SSN _____	-	-

### Owners, Partners, Officers and Directors

㉔ Identify all owners, partners, officers and directors of the business entity:

Name _____	Title _____	SSN/FEIN _____	-	-
Name _____	Title _____	SSN/FEIN _____	-	-
Name _____	Title _____	SSN/FEIN _____	-	-
Name _____	Title _____	SSN/FEIN _____	-	-
Name _____	Title _____	SSN/FEIN _____	-	-
Name _____	Title _____	SSN/FEIN _____	-	-
Name _____	Title _____	SSN/FEIN _____	-	-
Name _____	Title _____	SSN/FEIN _____	-	-
Name _____	Title _____	SSN/FEIN _____	-	-
Name _____	Title _____	SSN/FEIN _____	-	-
Name _____	Title _____	SSN/FEIN _____	-	-
Name _____	Title _____	SSN/FEIN _____	-	-

(State Use)

**ARKANSAS INSURANCE DEPARTMENT**

**25. Complete the legal business type (A), and the lines(s) of authority (B) for which your are applying.**

*The lines of authority come from the producer's lines of authority t-if the agency is requesting authority for lines but none of the agencies producers qualify for that line of authority-the agency cannot be given those lines.)*

**A. LEGAL BUSINESS TYPE:** \_\_\_\_\_

FILL IN BUSINESS TYPE

**Corporation**

**Partnership**

**Limited Liability Company**

**Limited Liability Partnership**

**Surplus Lines Producer Entity**

*Arkansas does not license sole-proprietorships*

**B. LINES OF AUTHORITY:**

\_\_\_\_\_  
LIST LINES OF AUTHORITY BEING REQUESTED

*Full Lines:*

**Life** (includes fixed annuity)

**Accident, Health, Sickness** (takes the place of Disability)

**Property**

**Casualty**

**Variable Products** (includes variable life and variable annuity)

*Limited Lines:*

**Credit** (includes credit life, credit health, credit property, and mortgage decreasing term)

**Funeral Expense**

**Crop**

**Pre-Paid Legal**

**Personal Lines**

**Surety**

**Marine**

**Mobil Home**

**Motor Club**

**Travel** (includes both travel accident and travel baggage)

**Fixed Annuity**

STATE USE ONLY:

**Background Information**

26 Please read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld? Yes \_\_\_ No \_\_\_

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment

2. Has the business entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes \_\_\_ No \_\_\_

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes \_\_\_ No \_\_\_

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the business entity or any owner, partner, officer or director ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes \_\_\_ No \_\_\_

If you answer yes, identify the jurisdiction(s): \_\_\_\_\_

5. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes \_\_\_ No \_\_\_

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes \_\_\_ No \_\_\_

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

# ARKANSAS INSURANCE DEPARTMENT

## Applicants Certification and Attestation

27 The undersigned owner, partner, officer or director of the business entity hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity to civil or criminal penalties.
2. Where required by law, the business entity hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
3. The business entity grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
4. Every owner, partner, officer or director of the business entity either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
5. I authorize the jurisdictions to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
7. If required, I have received a Certificate of Good Standing from the jurisdiction's Secretary of State in which I am applying.

## Notary

28 Complete this section only if you are applying for licensure/registration in one or more of the required states. (Arizona, Arkansas, Delaware, Kentucky, Louisiana, Mississippi, Missouri, Montana, Oklahoma)

SUBSCRIBED AND SWORN TO BEFORE ME THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

(SEAL)

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
COMMISSION EXPIRES

## Attachments

29 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. A full copy of the Articles of Incorporation if the business is a corporation
2. A full copy of the Articles of Membership if the business is a limited liability company
3. A full copy of the partnership agreement if the business is a partnership—if there is not written partnership agreement then add a statement signed by the partners which states there is no written partnership agreement.
4. A full copy of the partnership agreement if the business is a limited liability partnership.

**Must be signed by an officer, director, principal  
or partner of the business entity:**

Month Day Year

Signature

Typed or Printed Name

Title

Social Security Number

Address

City

State

Zip

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